UNITED STATES DISTRICT COURT DISTRICT OF OREGON

LORI WAKEFIELD Plaintiff(s),				Civil Case No. 3:15-cv-01857-BR					
				APPLICATION FO ADMISSION - PA					
ν,									
VISALUS, INC									
Defend	lant(s).								
Attorne	y Sarah	R. Anchors		rec	juests special ac	lmissio	n <i>pro hac vice</i> in		
the above-capti	oned cas	se.							
requirements of	fLR 83	ney Seeking <i>Pro</i> 3, and certify tha				underst	and the		
(1)	PERSO	ONAL DATA:							
	Name:	Anchors		Sarah		R			
		(Last Name)		rst Name)	_	(MI)	(Suffix)		
	Firm or	Business Affilia	ation: Quarles &	& Brady I.i	_P		·		
					Central Ave., Renaissance One				
	City: Pi			State:	AZ	Zip:	85004		
	Phone 1	Number: 602.22	9.5788		Fax Number:		29.5690		
	Busines	ss E-mail Addres	ss: sarah.ancho	ors@quar	es.com				

(b)	State bar admission(s), date(s) AZ State Bar Other federal court admission(s) District Court of AZ US Court of Appeals, 9th Cir.	October 19, 2007), date(s) of admission, a November 19, 2007	025344
(b)	Other federal court admission(s) District Court of AZ), date(s) of admission, a November 19, 2007	and bar ID number
(b)	District Court of AZ	November 19, 2007	
	US Court of Appeals, 9th Cir.	0.4.504.0000	
		October 31, 2008	025344
CERT	FICATION OF DISCIPLINA	RY ACTIONS:	
(a) 🔽	I am not now, nor have I ever be state or federal bar association;		plinary action by
(b) [I am now or have been subject association. (See attached lette		om a state or fede
CERTI	FICATION OF PROFESSION	NAL LIABILITY INSU	JRANCE:
insuran	professional liability insurance, on the ce, that will apply and remain in proceedings.		
REPRI	ESENTATION STATEMENT:		
-	presenting the following party(s) ant ViSalus, Inc.	in this case:	
DOIONG	ant violada, inc.		

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at <u>ord.uscourts.gov</u>), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 29th day of January	2016
	(Signature of Pro Hac Counsel)
	Sarah R. Anchors
	(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

	DATED this	29th day of Jun	/	Journal Couns	H. Jus	
Name:	Singer		Jonathan	[<u>н.</u>	
	(Last Name)		(First Name)		(MI)	(Suffix)
Oregon	State Bar Nu	nber: 105048				
Firm or	· Business Affi	iliation: Miller Nash Grah	am & Dunn LLP			
Mailing	g Address: 11	1 SW Fifth Avenue, Suite	3400			
City: Po			State:	OR	Zip: 97204	
Phone 1	Number: <u>503.</u>	224.5858	Business E-ma	ail Address:	jonathan.singer@m	illernash
		CO	URT ACTION			
	DATED this	Application approv	•	nent of fees.	b Dru	/